COMMUNITY FORUMS ON TOBACCO USE IN KENTUCKY
August 2005 – November 2005
Summary Report

Introduction

Tobacco use is the number one public health threat in Kentucky. The state's adult and youth smoking rates, annual deaths related to smoking and lung cancer death rates are among the highest in the country. Tobacco-related diseases cause more deaths in Kentucky and across the nation than AIDS, automobile accidents, homicides, suicides, alcohol and illicit drug use combined.

The Kentucky Department for Public Health's Tobacco Prevention and Cessation Program and the Get Healthy Kentucky! Board held ten public forums throughout Kentucky this fall (Ashland, Lexington, Louisville, Northern Kentucky, Bowling Green, Somerset, Morehead, Prestonsburg, Owensboro, and Paducah) seeking input from communities on tobacco issues including youth initiation, youth and adult cessation, second hand smoke, and local policies. Input from the forums will be used to enhance the statewide action plan to better address tobacco use and its associated health consequences.

Forum Structure

A total of 394 people attended the ten forums. Participants represented state government agencies, community organizations, local health departments, universities, schools, advocacy groups, healthcare providers, healthcare systems, and insurance companies.

Attendants at each forum first participated in a small group brainstorming activity where they answered two questions related to the four CDC goals. Question 1 was "What is your community doing now to address the four CDC goals?", and Question 2 was "What would you like to see your community doing to address the four CDC goals?". The four CDC goals for Tobacco Programs are:

1. Preventing the initiation of tobacco use among young people
2. Promoting cessation among young people and adults
3. Eliminating non-smokers exposure to environmental tobacco smoke
4. Identifying and eliminating the disparities related to tobacco and its effects on different population groups

For the CDC goal number four, participants in the small groups first identified priority populations, or those groups more adversely affected by tobacco use (either underserved by existing services or underutilize existing services). The priority populations identified at each forum are provided below.

During the small group activities, participants were also asked to identify barriers that prevent successful tobacco prevention and control. A list of barriers identified during each forum is provided below.

Each small group voted on the top two community activities for each question and goal. Once the small groups were finished answering Question 1 and 2 for the four goals, the priorities were listed and displayed for the large group to vote on the top five priorities for that forum. Priorities for the state and for each regional forum are provided below.

Priorities Identified

The top five priorities for the state are:

1. Smoke-free ordinances
2. Increase the excise tax
3. Tobacco-free schools (100% tobacco-free campuses including extracurricular activities, buses, and athletic fields)
4. Insurance coverage for NRT and prescription pharmacotherapy, tobacco cessation counseling and programs
5. Smoke-free worksites

Disparate Populations

The disparate populations identified at the forums are:

- Bar, restaurant, casino workers
- Bingo hall workers
- Blue collar workers
- Businesses
- Cancer patients
- Cardiovascular, cardiopulmonary patients
- Children, infants
- Chronic smokers
- Chronically ill, debilitated
- Coal miners
- College students, faculty, staff
- Construction, labor workers
- Elderly
- Faith-based groups
- Gas station workers
- Gay, Lesbian, Bi-sexual, Transgender
- Healthcare providers, workers
- Horse industry
- Limited mobility
- Low SES, low income, low education, low literacy
- Medicaid recipients
- Mental health patients
- Migrant workers
- Military
- Minorities (African American, Bosnian, Hispanic, Latino)
- Non-English speaking
- Nonsmokers
- Nursing home patients
- Pets
- Policemen
- Pregnant women
- Prisoners, jailers
- Residential substance abuse workers
- Respiratory patients

- Rural/farm families (Appalachia, Eastern KY)
- Shift workers
- Spanish speaking
- Spouses, families of smokers
- Substance abuse
- Tobacco farmers, families
- Unborn
- Underinsured, uninsured
- Unemployed
- Veterans
- Women
- Workers in settings with no smoke-free policy
- Youth, teens, adolescents

Barriers

The most common barriers identified during the ten forums include:

- Parents smoke or don't discourage smoking
- Little enforcement of illegal sales
- Low compliance from vendors
- Little enforcement of school policies
- Little money for programs, personnel, data, cessation services, NRT
- Pre-emption
- Healthcare providers don't counsel, don't promote cessation
- No smoking cessation for youth
- Peer pressure and social norms
- Healthcare providers smoke themselves
- Tobacco logos and advertising
- State law requiring smoking areas in state government buildings
- Teachers, school administrators don't refer students to cessation services
- No transportation to cessation services
- Enforcement of ordinances
- Belief that secondhand smoke is not harmful
- Employers allow smoke breaks
- Tobacco culture in KY: tobacco growing state, state history, economic base for tobacco, tobacco supported in state, cultural acceptance of smoking
- Internet sales
- Tobacco industry influence (advertising and marketing)
- Lack of youth involvement
- Low access to cessations services, programs (web-based, Quit Line, etc)
- Few smoke-free policies
- No school curricula
- Schools have tobacco base
- No role models from teachers, coaches, parents, etc
- Few resources, no programs for disparate populations
- No insurance coverage for cessation, NRT
- Low cost of tobacco
- Little money for public education and media relations
- Few ABC resources
- Little evaluation data
- Low school involvement
- Low access to care
- Tobacco lobby
- Low parent involvement
- Less money from MSA funds

ASHLAND

Top 5 Priorities

1. Smoke-free ordinances
2. Tobacco tax increases
3. Insurance companies cover all costs of NRT products
4. Comprehensive school policy and smoke-free school campuses
5. $ for statewide media campaign and youth movement

Barriers

None

Populations adversely affected by tobacco use

- Economically disadvantaged
- Youth with poor parental supervision
- Youth, children, infants
- Pregnant smokers
- Foodservice workers
- Low income
- Bingo hall workers
- Unborn babies
- Mental health patients
- Veterans
- Low income
- Low literacy
- Policemen
- Restaurant workers
- Construction, labor workers
- Farm workers
- Low SES
- Elderly

BOWLING GREEN

Top Five Priorities

1. Enforcement of illegal sales to minors law
2. Increased excise tax on tobacco products
3. Smoke-free ordinances
4. Statewide ban on school and daycare property
5. Smoke-free workplaces—buildings and entrances
6. Insurance reimbursement for cessation services

Barriers

- Parents don't discourage children
- Law not enforced: underage can purchase tobacco products
- Schools don't have major consequences
- School smoking policy not enforced
- Money $$
- Pre-emption
- Money to enter programs
- Physicians only providing treatment, not counseling
- Physicians not specialized in promoting cessation
- Drug stores sell tobacco products
- Judgmental attitudes from doctors
- Smoking cessation not provided for youth during and after school
- Lack of personnel with credibility and resources to enforce policy/laws regarding tobacco use
- Peer pressure and social reward influences youth to use tobacco
- Physicians that educate patients smoke themselves

Populations adversely affected by tobacco use

- Pregnant women
- Indigent population
- Infants and children
- People with limited mobility
- Workers in settings with no smoke-free policy
- Elderly
- People with respiratory problems
- Immigrant
- Non-English speaking
- Low income
- African-American
- Middle-aged to retired
- GLBT
- Foreign, Hispanic/Latino
- Women
- Blue collar workers

LEXINGTON

Top Five Priorities

1. Increase excise tax
2. Smoke-free Kentucky
3. Insurance companies provide incentives, rewards for non-smokers
4. Medicaid and insurance coverage
5. Comprehensive school policies

Barriers

- Legislation pertaining to tobacco sales
- Logos on tobacco materials for youngsters
- Physicians helping insurance companies administer NRT
- State laws that have to have separate room for smokers in state government buildings
- Teachers, administration not referring to cessation programs
- Quit Line more accessible to youth
- Transportation, child care, meals for underserved including rural areas
- Enforcement of law
- Money for programs, personnel
- Funding for cessation products
- Denial that SHS is harmful
- Too many nurses smoke
- Funding sources
- Hospital policy allows smoking breaks for staff
- Tobacco growing state

Populations adversely affected by tobacco use

- Low education
- Low SES
- Pregnant women
- Illegal minority groups
- Medicaid recipients
- Elderly
- Uninsured
- African Americans
- Hispanics
- Youth, infants
- Tobacco farmers
- Low income
- Restaurant, bar workers
- Rural
- Latino, Spanish speaking
- Migrant workers
- Unemployed
- ESL
- Appalachia, Eastern KY

LOUISVILLE

Top Five Priorities

1. Increase excise tax
2. Comprehensive smoking ordinances uniformly applied, widespread, and to include daycares
3. Insurance coverage for NRT and cessation programs
4. Law against smoking around kids
5. Remove state law for mandatory smoking in state buildings

Barriers

- Transportation can be a barrier for folks to attend smoking cessation programs
- Health care providers that use tobacco
- Pre-emption
- Internet sales of tobacco products
- Money
- Access to web-based programs (cessation, education, etc)
- Cultural literacy, consistency
- Spousal contribution to problems
- State history, culture of economic basis for tobacco
- Cost of NRT
- Being able to pay for NRT before stop paying for cigarettes
- Realizing that tobacco is no longer a major economic factor
- Tobacco industry promotions on college campuses
- High school students need to be involved in this process
- Cultural attitudes, “die hard” tobacco has long been supported in our state
- Publicity of Quit Line phone number (must be easy to access)
- Time, effort to address each and every SBDM to change policy

Populations adversely affected by tobacco use

- Pregnant women, fetal, neonates
- Minorities--African American, Hispanic, Latinos, Bosnian population
- Chronically ill
- Bar, restaurant, casino workers
- Businesses
- Low income, low SES, low education
- Tobacco farmers, migrant workers
- Nonsmokers exposed to SHS
- Children, youth, teens
- LGBT
- Horse industry
- Special populations
- Factory workers
- Mentally ill
- Rural, farm families
- Underinsured, uninsured
- Those lacking transportation

MOREHEAD

Top Five Priorities

1. Community-wide, county-wide, state-wide smoke-free ordinances
2. Medicaid coverage for nicotine replacement therapy (NRT)
3. Tobacco-free companies, schools, and colleges, both staff and students
4. Educate parents, caregivers about ill effects of SHS on children (childbirth classes, prenatal clinic, physician offices, churches, PTA/PTO/Head Start)
5. Higher tobacco taxes

Barriers

- Counter-advertising by tobacco companies and mass media
- Lack of compliance by vendors, businesses
- Lack of smoke-free policies in KY
- Parents—attitude regarding harm caused by use, they use
- Agricultural economics
- KDE—revising core content
- NRT cannot be used with <18 addicts without prescription
- Lack of tobacco enforcement laws by schools
- School board members, administrators, teachers, parents are tobacco growers
- Not enough $$ for prevention and cessation
- Tobacco culture firmly entrenched in KY
- Role modeling, i.e. athletic coaches chewing on sidelines
- School boards—tobacco farmers, time in core content
- Few programs for pregnant smokers
- Need more health care professionals, physicians at the table
- Cost of NRT products
- Acceptance of smoking in a state vehicle
- Insurance and Medicaid will not pay for NRT, prevention, wellness
- Healthcare professionals that smoke
- Noncompliance of federal requirements at sporting events
- Mental health access for smoking cessation participants
- Low cost of tobacco

Populations adversely affected by tobacco use

- Infants/Kids
- Low SES, non-insured, low income
- Pregnant women
- Asthmatics
- Heart patients
- Cancer patients
- Restaurant workers
- Mental health patients
- Hispanic, migrant workers
- Prisoners
- Nursing home patients
- Seniors

NORTHERN KENTUCKY

Top Five Priorities

1. 100% smoke-free worksites
2. Increase excise tax
3. City ordinances restricting smoking
4. High health insurance rates for smokers
5. Smoke-free school campuses for teachers, students, visitors, and all school activities

Barriers

- Lack of education for public education and media relations
- People and businesses that make money off of the tobacco industry

Populations adversely affected by tobacco use

- Urban core
- Farmers
- Faith-based groups
- African-American, non-white
- College students, faculty, staff
- Youth, teens and adolescents
- Pregnant women
- Non-English speaking
- Spanish speaking
- GLBT
- Mental health
- Substance abuse

OWENSBORO

Top Five Priorities

1. 100% comprehensive smoke-free ordinance with enforcement
2. Increase tobacco taxes
3. Clinics for poor with free NRT
4. Science-based curriculum
5. Less smoking in media
6. Teaching healthier lifestyles and better coping skills

Barriers

- Transportation issues for after-school cessation programs
- Elected officials lack of knowledge
- Lack of education among those who have the ability to create change
- Too many smokers do not want to quit smoking
- Pre-emptive status
- Enabling by law enforcement
- Clarify law
- Not seeing tobacco use as a health issue

Populations adversely affected by tobacco use

- African Americans
- Pregnant women
- Hispanic, migrant workers
- Indigent, poor
- Children
- Low education
- Elderly
- Employees of bars, taverns, restaurants
- People with respiratory or cardiopulmonary conditions
- AOD recovery patients
- Substance abusers

PADUCAH

Top 5 Priorities

1. Universal smoke-free policy in all public places
2. All campuses and events smoke free including before and after school
3. Smoke-free restaurants
4. Harsher punishments for businesses that sell tobacco to minors
5. More money for advertising cessation programs and services

Barriers

- Parents not encouraging children to be smoke free
- Lack of ABC presence in enforcement, need more resources
- Lack of timely evaluation data – YRBS
- How to reach low income people

Populations adversely affected by tobacco use

- Youth, children
- High school dropouts
- Restaurant and bar workers
- Pregnant women
- Spouses of smokers
- Families of smokers
- Drivers
- Farmers
- Asthmatics
- ASCVD – Arteriosclerotic cardiovascular disease
- African American
- Low income
- Lower education

PRESTONSBURG

Top Five Priorities

1. Zero tolerance, enforcement for any tobacco on school grounds
2. Increase excise tax
3. Medicaid, Medicare reimbursement for tobacco education and counseling
4. Money for health departments to provide patches, NRT
5. Smoke-free ordinances (community, county, state, etc)

Barriers

- Cost of cotinine testing
- Getting schools involved
- Money for personnel, cessation programs and services
- Access to care
- Advertising and marketing
- Lack of enforcement
- Personal stories that aren't shared
- Gas prices
- Large tobacco lobby from RJ Reynolds, Phillip Morris
- Mass transportation
- Parental attitude: parents that are smokers and do not view smoking as a problem; accept smoking as a right and allow their kids to use tobacco products
- Adult monitors who smoke are reluctant to bust or police restrooms
- Smoking is culturally acceptable
- High % of nurses who smoke
- Lack of parent involvement
- Easier coverage with CHA by state workers
- Loss of tobacco settlement money
- Loss of funds to support current programs
- Smokers usually get more time off to take "breaks"

Populations adversely affected by tobacco use

- Coal miners
- Elderly
- Healthcare providers
- Teen mothers, pregnant women, unborn children
- Children, infants
- Asthmatics, COPD
- Tobacco-growing families
- Heart patients
- Employees of medical equipment companies
- Healthcare workers
- Inmates and jailers
- Residential substance abuse workers
- Low SES, low income, working poor, uneducated, undereducated
- Pets
- Co-workers
- Construction workers
- Nursing home patients
- Women
- Chronically debilitated
- Mentally ill
- Military
- Shift workers

SOMERSET

Top Five Priorities

1. Increase price of tobacco products
2. Enforce the laws—public youth smoking
3. Statewide smoke-free ordinances
4. Health insurance coverage for NRT
5. Smoke-free worksites

Barriers

- Addiction very difficult to stop
- Officer needed to accompany students, Investigative Agents
- Income for farmers and tobacco industry

Populations adversely affected by tobacco use

- Poor, indigent
- Pregnant women
- Cardiovascular patients
- Asthmatics
- Minimum wage employees exposed to SHS
- Gas station workers exposed to SHS
- Restaurant and club workers exposed to SHS
- Infants, children, youth
- Conditions triggered by smoking
- Chronic smokers
- Mentally ill
- Hispanics, migrant workers
- Elderly, nursing home patients
- Tobacco farmers
- Incarcerated